

<b>CLAIMS ONLY</b>						Application Number <b>10820154</b>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1							
2		1						
3			1					
4				1				
5					1			
6						1		
7	1							
8		1						
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50								
Total Indep	2							
Total Depend	11							
Total Claims	13							